

L190000061974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

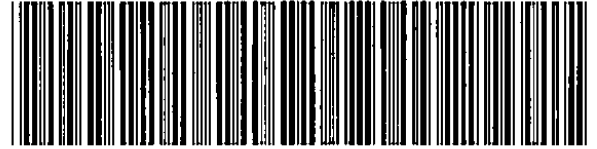
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLRR2, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARSHALL SKLAR

Name of Person

BIDOLOGIST.COM, LLC

Firm/Company

5499 N. FEDERAL HWY, SUITE B

Address

BOCA RATON, FL 33487

City/State and Zip Code

MARSHALL@BIDOLOGIST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHALL SKLAR

561

222-5825

at (

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: FLRR2, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000061974

THIRD: The street address of the limited liability company's principal office is:

5499 N. FEDERAL HWY, SUITE B

BOCA RATON, FL 33487

The mailing address of the limited liability company's principal office is:

5499 N. FEDERAL HWY, SUITE B

BOCA RATON, FL 33487

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: MARSHALL SKLAR

b. No authority granted to: NA

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: MARSHALL SKLAR

b. No authority granted to: NA



Signature of authorized representative

MARSHALL SKLAR

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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19 JUN 27 AM 8:59
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA